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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under

| 37 OF N   | 5.73(D).                                    |                  |                        |       |   |           |     |                        |  |
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| I hereby  | appoint:                                    |                  |                        |       |   |           | 1   |                        |  |
| Practitioners associated with the Customer Number:  |   |                  | 20322                  |       |   |           |     |                        |  |
| OR  |   |                  |                        |       |   |           |     |                        |  |
| Practitioner(s) named below (if more than ten patient practitioners are to be named, then a customer number must be used):  |   |                  |                        |       |   |           |     |                        |  |
|   | 1   | Name             | Registration<br>Number | 菠     | N | ame       |     | Registration<br>Number |  |
| <u> </u>  |   |                  | Number                 |       |   |           |     | Number                 |  |
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| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with<br>any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents |   |                  |                        |       |   |           |     |                        |  |
| attached to this form in accordance with 37 CFR 3,73(b).  |   |                  |                        |       |   |           |     |                        |  |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  |   |                  |                        |       |   |           |     |                        |  |
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| OR  | ne address associated with Customer Number: |                  |                        |       |   |           |     |                        |  |
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| City  |   |                  | State                  |       |   |           | Zip |                        |  |
| Country   |   | <del>-</del>     |                        |       |   |           | L   |                        |  |
| Telephone Email   |   |                  |                        |       |   |           |     |                        |  |
| 1300000   |   |                  |                        |       |   |           |     |                        |  |
| Assignee Name and Address:  |   |                  |                        |       |   |           |     |                        |  |
| Kapernelly Assets AG, LLC   |   |                  |                        |       |   |           |     |                        |  |
| 2711 Centerville Rd.  |   |                  |                        |       |   |           |     |                        |  |
| Wilmington, DE 19808  |   |                  |                        |       |   |           |     |                        |  |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be  |   |                  |                        |       |   |           |     |                        |  |
| filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of   |   |                  |                        |       |   |           |     |                        |  |
| the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,<br>and must identify the application in which this Power of Attorney is to be filed.   |   |                  |                        |       |   |           |     |                        |  |
| SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  |   |                  |                        |       |   |           |     |                        |  |
| Signature   | Mil   | My   Date /-3-// |                        |       |   |           |     |                        |  |
| Name  | Melissa Coleman                             |                  |                        |       |   | Telephone |     |                        |  |

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Authorized Person for Kapernelly Assets AG, LLC

Title

## DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(i)

I, Melissa Coleman (whose title is supplied below), hereby declare that I am authorized to sign on behalf of Kapernelly Assets AG, LLC.

| $V_{l}$ | labura deman   |
|---------|--|
| Melissa | Coleman, Authorized Person for Kapernelly Assets AG, LLC |
|         |  |
|         | 1.04   |

and an

[date]